

## Billing and Policy Psychological Services Bulletin 337

November 2003

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*Articles with related Part 1 Manual Replacement Pages may be found in the "Program and Eligibility" bulletin. Articles with related Part 2 Manual Replacement Pages may be found in the "Billing and Policy" bulletin. The Medi-Cal Update may not always contain a "Billing and Policy" section.*

### Benefits Identification Card: Psychiatric Drugs Exclusion

Effective for dates of service on or after December 1, 2003, claims including the following psychiatric drugs do not require an issue date and may be billed with either the recipient's Social Security Number or BIC ID number:

Amantadine HCl	Lamotrigine
Amitriptyline HCl	Lithium Carbonate
Aripiprazole	Lithium Citrate
Benztropine Mesylate	Loxapine Succinate
Biperiden HCl	Mesoridazine Besylate
Bupropion HCl	Mirtazapine
Buspirone HCl	Molindone HCl
Carbamazepine	Nefazodone HCl
Chlorpromazine HCl	Olanzapine
Citalopram Hydrobromide	Oxcarbazepine
Clomipramine HCl	Paroxetine HCl
Clonidine HCl	Perphenazine
Clozapine	Phenelzine
Desipramine HCl	Pimozide
Diphenhydramine HCl	Quetiapine Fumarate
Divalproex Sodium	Risperidone
Donepezil HCl	Rivastigmine Tartrate
Doxepin HCl	Sertraline HCl
Escitalopram Oxalate	Thioridazine HCl
Fluoxetine HCl	Thiothixene
Fluphenazine Decanoate	Topiramate
Fluphenazine HCl	Tranlycypromine
Fluvoxamine Maleate	Trazodone HCl
Gabapentin	Trifluoperazine HCl
Haloperidol	Trihexyphenidyl HCl
Haloperidol Decanoate	Valproate Sodium
Haloperidol Lactate	Valproic Acid
Hydroxyzine HCl	Venlafaxine HCl
Imipramine HCl	Ziprasidone HCl
Isocarboxazid	

to issue replacement Medi-Cal Benefits Identification Cards (BICs) in an ongoing effort to nullify BICs that may have been stolen or misused. As a general safeguard, there is a claims payment requirement when determining recipient eligibility for use of all but select drugs and services. This claims payment requirement was outlined in the July 2003 *Medi-Cal Update* in an article titled "Benefits Identification Card: Billing Reminder" and is repeated as follows.

*Please see BIC, page 2*

BIC (continued)

When verifying eligibility for recipients who receive new cards, the Automated Eligibility Verification System (AEVS) will return the eligibility message, “For claims payment, current BIC ID number and date of issue required.” Providers must have and use the BIC ID number and issue date from the new card when verifying recipient eligibility. All but excluded providers must have and use the BIC ID number and issue date from the new card when submitting claims for reimbursement. If the BIC ID number and issue date of the new card are not on the claim for recipients whose card returns the message, “Current BIC ID number and issue date required for payment,” the claim will be denied.

The following provider types are not required to provide an issue date on the claim and may bill with either the recipient’s Social Security Number or BIC ID number: Emergency Air Ambulance Transportation, Alternative Birthing Centers, Community Hospital Inpatient, Community Hospital Outpatient, County Hospital Inpatient, County Hospital Outpatient, Genetic Disease Testing, Emergency Ground Transportation, Certified Hospice, Long Term Care Facility and Mental Health Inpatient. For all other provider types, the ID number and issue date of the card must be placed on all claims, as follows:

- **Paper Claims:** Enter the BIC ID number in the *Insured’s ID Number* field (Box 1A). Enter the issue date in the *Reserved For Local Use* field (Box 19) of the claim. Identify the issue date in the “mmddy” format.
- **CALPOS Pharmacy Claims:** Enter the BIC ID number in the *Recipient ID* field. The issue date must be placed in the *Issue Date* field per the current *Medi-Cal Point of Service Network Interface Specifications* for CALPOS pharmacy claims.
- **Computer Media Claims (CMC):** Enter the BIC ID number in the *Recipient ID* field. The BIC issue date must be placed in the *Remarks* area. Left-justify and enter the words “BIC ISSUE DATE” and identify the issue date in the “mmddy” format.

For assistance with eligibility, the Automated Eligibility Verification System (AEVS), Point of Service (POS) device or Medi-Cal Web site, [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov), call the POS/Internet Help Desk at 1-800-427-1295. If illegal use of a BIC is suspected, or if there are questions about this policy, call the Provider Support Center (PSC) at 1-800-541-5555.



### Use of Modifiers: Billing Reminder

Up to four two-character modifiers may be entered in the modifier field, Box 24D of the *HCFA 1500*. All modifiers must be entered immediately after the procedure code. Information that overflows into other fields (especially additional modifier fields) will cause the claim to suspend and a *Resubmission Turnaround Document* (RTD) will be issued.

Specific modifiers identified in the billing instructions should be entered in the first modifier field.

When providers bill multiple modifiers for a service not specified in the Medi-Cal billing instructions as needing multiple modifiers, providers must follow existing Medi-Cal policy and enter the specific modifier in the first modifier field. If the billing instructions require a service to be billed with a specified modifier, that modifier must be entered in the first field.



## CHDP Gateway: Pre-Enrollment Reminder

Since July 1, 2003, Child Health and Disability Prevention (CHDP) program providers have been able to pre-enroll children in the Medi-Cal program using the new *Child Health and Disability Prevention (CHDP) Program Pre-Enrollment Application* (DHS 4073, revised 7/03) either on the Medi-Cal Web site ([www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)) or through the Point of Service (POS) network. Children younger than 19 years of age who are pre-enrolled in Medi-Cal at the time of a CHDP health assessment are eligible to receive either full-scope, no-cost Medi-Cal benefits and dental coverage or CHDP and emergency Medi-Cal services for up to two months.

During a child's CHDP health assessment visit, a provider electronically submits pre-enrollment information and receives an immediate response indicating the child's eligibility status. An eligible child will receive coverage for up to two months (during the month of application and the subsequent month).

If a child is eligible for Medi-Cal benefits, a Benefits Identification Card (BIC) number is included in the eligibility response and the provider prints an Immediate Need Eligibility Document for the child from the Web site or POS device.

Any Medi-Cal provider can provide service to children presenting one of the documents below. Use the BIC number that appears on the document to verify eligibility for services such as office visits, optometric exams or prescriptions.

**CHDP Gateway Pre-enrollment Application Response**

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**CHDP GATEWAY PRE-ENROLLMENT RESPONSE**

Provider Number : zzzzzzzzz Application Date/Time: 07/01/200 26:50 AM

Patient's Name: J Public John Q

Date of Birth: 01/01/1988

Gender: Male

BIC ID#: 1234567890

BIC Issue Date: 07/01/2003

Good Thru Date: 08/31/2003

You are temporarily eligible for Medi-Cal through 08/31/2003. Use this document to access Medi-Cal services until your Benefits Identification Card arrives. To continue your coverage, you must return a completed joint Healthy Families/Medi-Cal application before 01/31/2003. If you do not receive the application in the mail within 10 days, call 1-800-880-5305.

Client Signature: \_\_\_\_\_

*Sample. Immediate Need Eligibility Document via Medi-Cal Web site.*

<Header Line #1>  
CALIFORNIA  
DEPARTMENT OF HEALTH SERVICES  
MEDI-CAL POS NETWORK  
<Header Line #6>

07/01/2003 12:04:22

TERMINAL: V123456789  
SOFTWARE: ZZACH01

PROVIDER NUMBER: CHA123456

**CHDP GATEWAY  
PRE-ENROLLMENT  
RESPONSE**

PATIENT NAME:  
PUBLIC JOHN Q

DATE OF BIRTH:  
1988-01-01

GENDER:  
M

BIC ID#: 1234567890

ISSUE DATE:  
2003-07-01

GOOD THRU DATE:  
2003-08-31

YOU ARE TEMPORARILY ELIGIBLE FOR FULL SCOPE MEDI-CAL THROUGH 08/31/2003. USE THIS DOCUMENT TO ACCESS MEDI-CAL SERVICES UNTIL YOUR BIC ARRIVES. TO CONTINUE YOUR COVERAGE YOU MUST RETURN A COMPLETED JOINT HEALTHY FAMILIES/MEDI-CAL APPLICATION BEFORE 08/31/2003. IF YOU DO NOT RECEIVE THE APPLICATION WITHIN 10 DAYS, CALL 1-800-880-5305.

X  
CLIENT SIGNATURE \_\_\_\_\_

<<SYSTEM MESSAGE(S) FROM >>  
<< PROVIDER MAIL >>

THANK YOU!  
<Footer 4>

*Sample. Immediate Need Eligibility Document via POS device.*

*Please see CHDP, page 4*

**CHDP** (*continued*)

**Provider Assistance**

For questions regarding POS or Internet requirements, contact the POS/Internet Help Desk at 1-800-427-1295, seven days a week, from 6 a.m. to midnight.

Please refer to the Medi-Cal Web site ([www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)) for more information about the CHDP program. Providers who are interested in becoming CHDP providers can contact their local CHDP program. Please visit [www.dhs.ca.gov/chdp](http://www.dhs.ca.gov/chdp) for a list of local CHDP programs.

**Medi-Cal Field Office: Address Change**

Effective September 22, 2003, the San Francisco Medi-Cal Field Office address has changed, as follows:

San Francisco Medi-Cal Field Office (SFMCFD)  
575 Market Street, Suite 400  
San Francisco, CA 94105-2823

All telephone numbers remain the same. *Treatment Authorization Requests* (TARs) formerly sent to 185 Berry Street, Suite 290, should be sent to the new address.

*This information is reflected on manual replacement page tar field 9 (Part 2).*

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## Instructions for Manual Replacement Pages

### Psychological Services (PSY) Bulletin 337

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November 2003

#### *Part 2*

Remove and replace:      medi non hcp 1/2 \*  
                                     spec 5/6 \*  
                                     tar field 9/10

\* Pages updated/corrected due to ongoing provider manual revisions.